SIGNATURE:

1. Entity Nam		1	and the state of t	FILED	
LCA MANATEE POINTE APARTMENTS, INC.					
				00 HAR 10 PM 4: 45	
Principal Plac	e of Business	Mailing Address		OUT THE STATE	
3300 SOUTH H ORLANDO FL (IIAWASSEE ROAD #107 32835	POST OFFICE BOX 4961 ORLANDO FL 32802-4961		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
				T TO REPORT FOR THE PARTY BOWN BOWN BOWN BOWN BOWN BOWN BOWN BOWN	1
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
SUIT		3dite, Apr. #, etc.			
City & State	ando, FC	City & State		4. FEL Number	
3280	03 Country USA	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent	<u> </u>
TÁO CONTROLATE OFFICIAL OF OFFITTAL FLORIDA				04/11/0001118001	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE			Street Addr	iress (P.O. Box Number is Not A选的指述员 [] [] 《**** 15[] [] []	
ŞUN	TE 1100				
ORL	ANDO FL 32801		City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida.	
OCCUATURE					
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOT	E Registered Agent signature re	required when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to		-	0.00 Trust Fund Contribution.		
11.	05510500 1110 5				
TITLE	OFFICERS AND L	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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